

Jim Doyle
Governor

Roberta Gassman
Secretary

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Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION

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P.O. Box 7901
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<http://www.dwd.state.wi.us/wc/>
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April 14, 2003

INSURER
STREET
CITY STATE ZIP

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: EMPLOYER UNKNOWN
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Your response to our previous request for complete wage information using form WKC-13-A, Wage Information Supplement, for the claim referenced above is overdue.

Please refer to the Insurers' Pending Reports on our web site for the missing required wage report at <http://www.dwd.state.wi.us/wc/insurance/default.htm> and select the Insurer's Pending Report.

If you have problems signing on, have forgotten your ID or Password, or have not yet been assigned a WC Employer Logon ID/User name and password, please call Tracy Aiello (608) 266-0434 or e-mail at tracy.aiello@dwd.state.wi.us.

Within 15 calendar days of your receipt of this letter, please submit the required report, preferably using the Internet format. If you have any questions about submitting the report, please contact Diane Rodenberg at (608) 267-6890 or email at diane.rodenberg@dwd.state.wi.us to resolve the issue of the missing required document(s).

As a self-insured employer, it is your responsibility to submit all required reports and respond to information requested by the Department in a timely manner.

Thank you,

Lee Shorey
Director
Bureau of Claims Management

BIPWGE (R. 4/2003)